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jc975 U.S. PTO

Docket Number PB/5-20757G

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EL034399658US
Express Mail Label NumberDecember 5, 2000
Date of DepositAddress to: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231jc860 U.S. PTO
09/730525
12/05/00**UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET**Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **divisional** of prior Application No. 09/102,419, filed June 22, 1998.

Applicant (or identifier): WARD

Title: HERBICIDE TOLERANT PROTOX GENES PRODUCED BY DNA SHUFFLING

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 188 pages
 2. ☐ Drawings - sheets
 3. Declaration and Power of Attorney
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (signed or with indication that original was signed)
 - i. ☐ Deletion of Inventors
Signed statement attached deleting inventor(s) named in the prior application
 4. ☒ Incorporation By Reference
The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 5. ☐ Microfiche Computer Program (appendix)
 6. Nucleotide and/or Amino Acid Sequence Submission
 - ☐ Computer Readable Copy
 - ☒ Paper Copy
 - ☐ Statement Verifying Identity of Above Copies
 7. ☒ Preliminary Amendment
 8. ☐ Assignment Papers (Cover Sheet & Document(s))
 9. ☐ English Translation of
 10. ☐ Information Disclosure Statement
 11. ☐ Certified Copy of Priority Document(s)
 12. ☒ Return Receipt Postcard
 13. ☒ Other: Substitute Sequence Listing; Bibliographic Data Sheet
- ☒ The right to elect an invention or species that is different from that elected in parent Application No. 09/102,419 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby reserved.

09/730525, 12/05/00

Filing fee calculation:

- ☒ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
☐ Before calculating the filing fee, please cancel claims

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|---------------------------------------|-----------------------|-----------------|-----|-----------------|---|-------|----|-----|
| Basic Filing Fee | | | | | | | \$ | 710 |
| Multiple Dependent Claim Fee (\$ 270) | | | | | | | \$ | |
| Foreign Language Surcharge (\$ 130) | | | | | | | \$ | |
| | For | Number Filed | | Number Extra | | Rate | | |
| Extra Claims | Total Claims | 19 | -20 | 0 | x | \$ 18 | = | \$ |
| | Independent Claims | 2 | -3 | 0 | x | \$ 80 | = | \$ |
| TOTAL FILING FEE | | | | | | | \$ | 710 |

- ☒ Please charge Credit Card 4246 0400 0756 9918 in the amount of \$710. A Credit Card Payment Form is enclosed.

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Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (919) 541-8689.

Respectfully submitted,



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Date: December 5, 2000